

## Yucca Mountain Silicosis Screening Program

### INITIAL CONTACT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day year mo day year

Did you work at the DOE Yucca Mountain tunnel-mining project between January 1, 1992 and the present? ( ) Yes ( ) No

If "yes", are you interested in a free silicosis screening examination?

( ) Yes, I want a free silicosis screening exam

( ) No, I am not interested in receiving a free silicosis screening examination

Please sign here: \_\_\_\_\_

Type of work you did:

( ) Construction: Primary trade: \_\_\_\_\_ Other trade: \_\_\_\_\_

( ) Laboratory

( ) Other (describe): \_\_\_\_\_

Name of employer or contractor: \_\_\_\_\_

In the following questions, please provide your best estimate of the dates:

What was the first year you worked at DOE Yucca Mountain? \_\_\_\_\_

What was the last year you worked at DOE Yucca Mountain? \_\_\_\_\_

\*\*\*\*\*  
If the person to whom this mailing was addressed worked at DOE Yucca Mountain between January 1, 1992 and the present and is now deceased, please check here ( ).  
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Mail the completed form in the enclosed postage-paid business reply envelope. Mail sent with a first-class stamp should use the following address:

Yucca Mountain Silicosis Screening Program  
ATTN: Dr. Eula Bingham  
University of Cincinnati Medical Center  
PO Box 670056  
Cincinnati, OH 45267-0056